Express Mail Label No. (if appl	ress Mail Label No. (if applicable)							
Application No.	10/706 129							

Request for Continued Examination (RCE) Transmittal

Address to: Mail Stop RCE Commissioner For Patents P.O. Box 1450 Alexandria, VA 22313-1450

Application No.	10/706,128
Confirmation No.	1617
Filing Date	November 12, 2003
First Named Inventor	Peter Gruber
Group Art Unit	1617
Examiner Name	Kendra D. Carter
Attorney Docket No.	225198
Client Reference No.	ZI Losan/1US

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

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1.	- · · · · · · · · · · · · · · · · · · ·										
	a.	i.				renly under	r 37 CFR	1.116 previou	ely filed o	nn .	
		1.			ndment(s) refer				Siy illed c	211	
		ii.						eply Brief prev	iously file	ed on	
		iii.	Other:	_		• •			•		
	b. 🛛 Enclosed										
		i.		nent/Rep	oly						
		ii.	Affidavite	(s)/Decla	aration(s)		V.			ces listed in For s and applications)	m PTO-1449
ĺ		iii.		ion Disc	losure State	ment (IDS)	vi.	Other:	-		
2.	Μi	scel	aneous								
l	a.		Suspension	of action	on the abov	e-identified	d applicati	ion is requeste	ed under	37 CFR 1.103(c) for a period
					•			nths; fee under 3	7 CFR 1.17	(i) required.)	
	b. Applicant claims small entity status. See 37 CFR 1.27										
	C.		Other:								
3.	Fe	es -	The RCE fee	under 3	7 CFR 1.17(e) is require	ed by 37	CFR 1.114 wh	nen the R	CE is filed.	
l	a. Please charge Deposit Account No. 12-1216 in the total amount indicated below.										
ĺ		(A c					-	pose, unless su		ia EFS-Web.)	
l		i.			•	• .		37 CFR 1.17(\$405.00
i							\$230.00				
		iii.	☐ An exter					red and the fe			
			•		ed from the t	otal fee due	e for the t	otal amount o	f extension	on now	
			requeste								
		İ٧.						riod noted abo			
								der the prese			
ļ								the appropriat	e petition	itee.	
	v. Suspension of action fee of \$130.00 (37 CFR 1.17(i)) \$ 0.00						\$ 0.00				
	vi. Other:										
vii.											
			CLAIMS		HIGHEST			A = m1.		A = plu	
			REMAINING AFTER		Number Previously	Extra Claims		Add'l Claim		Add'l Claim	
CLA	мΕ	EE	AFTER	1	PAID FOR	PRESENT	RATE	FEE	RATE	FEE	
Тот			16	Minus	24	= 0	x 25 =		x 50 =	,	
		NDEN		Minus	3	= 0	x 105 =		x 210 =		
FIRST PRESENTATION OF MULTIPLE CLAIM + 185 = + 370 =											
						\$635.00					
	b. 🛛 The Commissioner is hereby authorized to charge any deficiencies in the above fees or to										
	credit any overpayments to Deposit Account No. 12-1216. (A duplicate copy of this										
communication is enclosed for that purpose, unless submitted via EFS-Web.)											

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED						
Name (Print/Type)	Xavier Pillai	Registration No. (Attorney/Agent)	39,799			
Signature	Xau billai	Date	May 21, 2008			
Address	Leydig, Voit & Mayer, Ltd. Two Prudential Plaza, Suite 4900 180 North Stetson Avenue Chicago, Illinois 60601-6731	Phone	(312) 616-5600 (telephone) (312) 616-5700 (facsimile)			